



# OCCUPATIONAL DISEASE WORK HISTORY

Claim Number

|  |      |                                |      |
|--|------|--------------------------------|------|
| Name   |      | Start date of first employment |      |
| Please list any breaks or interruption in your work history. <b><i>We must account for all months since your FIRST START DATE.</i></b> |      |                                |      |
| <b>From:</b>   |      | <b>To:</b>                     |      |
| Month  | Year | Month                          | Year |
|  |      |                                |      |
|  |      |                                |      |
|  |      |                                |      |
|  |      |                                |      |
|  |      |                                |      |
| Reason for work interruption   |      |                                |      |

## Employment History

**Please start with your most RECENT job and work BACKWARDS Specify month and year for employment date.**  
*If additional space is needed, use the continuation form (F242-071-111) or make additional copies of this form.*

|  |                         |              |  |
|--|-------------------------|--------------|--|
| Employer's business name   | Employment dates:       | From (mo/yr) | To (mo/yr)   |
| Employer's address   | Employer's phone number |              |  |
| City   | State                   | ZIP+4        | Indicate time exposed to noise, repetitive motion or chemicals in hours per week<br>Hours: |
| Describe the job duties and type of equipment or tools used or operated. |                         |              |  |

|  |                         |              |  |
|--|-------------------------|--------------|--|
| Employer's business name   | Employment dates:       | From (mo/yr) | To (mo/yr)   |
| Employer's address   | Employer's phone number |              |  |
| City   | State                   | ZIP+4        | Indicate time exposed to noise, repetitive motion or chemicals in hours per week<br>Hours: |
| Describe the job duties and type of equipment or tools used or operated. |                         |              |  |

|  |                         |              |  |
|--|-------------------------|--------------|--|
| Employer's business name   | Employment dates:       | From (mo/yr) | To (mo/yr)   |
| Employer's address   | Employer's phone number |              |  |
| City   | State                   | ZIP+4        | Indicate time exposed to noise, repetitive motion or chemicals in hours per week<br>Hours: |
| Describe the job duties and type of equipment or tools used or operated. |                         |              |  |

|  |                  |
|--|------------------|
| <b>I certify that the information is true and correct to the best of my knowledge.</b> |                  |
| Page of  | Date: Signature: |